

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07273 261

1. PLACE OF DEATH:

County Somerset
 City or town Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
Home, Rural, Crisfield
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Meadowfield Section
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JAMES BRITTINGHAM

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Silby Brittingham
Deceased

7. Birth date of deceased (mo., day, yr.) Exact Birth Date Unknown 6.(c) If alive, give age..... years

8. AGE: Years 83 Months Somerset Days Westover, Maryland If less than one day..... hrs. min.
 (Town, county, and state)

9. Birthplace Farmer
 10. Usual occupation

11. Industry or business

FATHER 12. Name John Brittingham
 13. Birthplace Somerset Co. Maryland

MOTHER 14. Maiden name Unknown
 15. Birthplace

16. Informant John Brittingham
 Address RFD, Marion, Md.

17. Burial Methodist Cemetery Date thereof July 21, 1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Pocomoke City, Md.
 Location

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. July 30 46 Chas J. Wilson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 19 1946 and that I last saw him alive on July 18 1946

Immediate cause of death Acute Dilatation of Heart DURATION 3 weeks
myocardial

Due to Chronic Out right 1 year
Chronic myocarditis

Due to Hypertension Years

Other conditions General Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

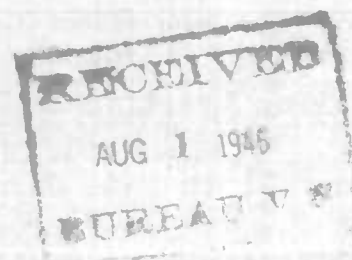
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Chas J. Wilson M. D. or other
 Address W. Wilson St. Date signed July 30 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

Reg. Dist. No. 07274
265

1. PLACE OF DEATH:

County..... Somerset
City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Lifetime

Hospital, institution, or street address where death occurred:

Home, Broadway

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Lower Broadway

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

JOHN BUNDICK

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... Colored

6.(b) Name of husband or wife..... Alice Green Bundick

6.(c) If alive, give age..... 60 years

7. Birth date of deceased (mo., day, yr.)..... March 15, 1890

8. AGE: Years..... 55 Months..... 3 Days..... 29 It less than one day..... hrs. min.

9. Birthplace..... Onancock-Accomac-Virginia

(Town, county, and state)

10. Usual occupation..... Painter

11. Industry or business..... Shipyard

12. Name..... Unknown

13. Birthplace.....

14. Maiden name..... Unknown

15. Birthplace.....

16. Informant..... Alice Bundick

Address..... Broadway, Crisfield, Md.

17. Burial..... July 17, 1946
(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Lawsonia Colored Cemetery

Location..... Tyler Street Baptist Church

18. Funeral director..... H. Harvey Bradshaw

Address..... Crisfield, Maryland

19. 7/16/46 C.E. Collins M.D. Registrar
(Date rec'd by registrar).....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 14 1946 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Acute

Isolated Heart

Due to..... Asthma

Due to..... Pulmonary

Other conditions..... Arterio

Sclerosis
(Include pregnancy within 3 months of death)

Major findings of operation..... William H. Coubourn, M.D.

DEPUTY MEDICAL EXAMINER

Autopsy results.....

PHYSICIAN: Please underline causes to which death should be charged medically.
FOR COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Crisfield Md. Date July 1946
Address.....

RECEIVED

AUG 9 1946

BUREAU V.S.

May 15 - memo 55 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07275

261

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Annie B. Carver

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If referer, name war.....

3. (b) Social Security Number

4. Sex.....

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....

8. AGE: Years..... Months..... Days.....
It less than one day..... hrs. min.9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....
(Burial, cremation, or removal. Which?)Date thereof.....
(month) (day) (year)

Cemetery or cremation.....

Location.....

18. Funeral director.....

Address.....

19. Date of death.....

(Date registered by registrar)

Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him alive on.....

Immediate cause of death.....

DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

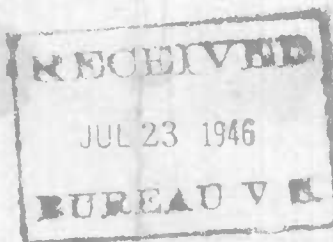
Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

07276

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Julia Chargo Angelina Ciardo

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married - sep.

6. (b) Name of husband or wife

Giuseppe Ciardo

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age 65 years

8. AGE:

Years

Months

Days

If less than one day

63

hrs.

min.

9. Birthplace

Italy

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Unknown

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Mary Arnold

Address

Princess Anne, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 10, 1946

Cemetery or crematory

Location

New Memorial Cemetery

Salisbury, Maryland

18. Funeral director

Address

Charles Dashed

Princess Anne, Md.

19. Date read by registrar

July 8, 1946

R. W. Jensen, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on _____ 19____

Immediate cause of death

Has died on arrival. Spoke last condition was cause of death

DURATION

minutes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Minith (Katie) (M.D.)

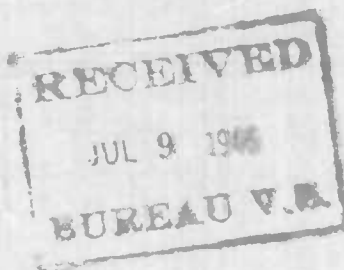
M. D. or other

Date signed 7-8-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Rural Summit Camp
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 30 days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Delaware County..... Sussex
 City or town..... Rural Summit Del.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Alexander Evans

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... widowed
 6. (b) Name of husband or wife..... Irene Evans
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Oct 29 - 1858
 8. AGE: Years..... 87 Months..... 8 Days..... 4 If less than one day..... hrs..... min.
 9. Birthplace..... Granford Sussex Del
 (Town, county, and state)
 10. Usual occupation..... Farmer
 11. Industry or business.....
 12. Name..... John Evans
 13. Birthplace..... Del.
 14. Maiden name..... Unknown
 15. Birthplace.....

16. Informant..... Cleveland Evans
 Address..... Granford Del
 17. Burial (Burial, cremation, or removal. Which?)..... Burial Date thereof..... July 5, 1946 (month) (day) (year)
 Cemetery or crematory..... St. Johns
 Location..... Rural Granford Del.
 18. Funeral director..... Henry H. Watson
 Address..... Parkville City
 19. Date rec'd by registrar..... July 5, 1946 R. H. Watson, M.D.
 (Date rec'd by registrar)..... R. H. Watson, M.D.
 (Date rec'd by registrar)..... R. H. Watson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 3, 1946 at..... M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946 to July 26, 1946 and that I last saw him alive on July 26, 1946.

Immediate cause of death..... cerebral arteriosclerosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Frankmet us M.D. or other
 Address..... Princess Anne Date signed..... 7/5/46

RECEIVED
JUL 9 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07278360

1. PLACE OF DEATH:

County Somerset
 City or town Rural Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or street address where death occurred:
—
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2. (a) If veteran, name war —

3. (a) FULL NAME

Martin R. Hancock

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Rosie Hancock
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) June 14 - 1866

8. AGE: Years 80 Months 0 Days 27 If less than one day — hrs. — min.

9. Birthplace Stockton Worcester Md
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business —

12. Name Wilmer Hancock

13. Birthplace Maryland

14. Maiden name Martha Bonville

15. Birthplace Maryland

16. Informant Mrs Will Merrill

Address Pocomoke City Md

17. Burial Date thereof July 14, 1946
 (Burial, cremation, or removal. Which?) (month - day) (year)

Cemetery or crematory God Will Mt. Cemetery

Location Rural Pocomoke Md

18. Funeral director Henry B. Watson

Address Pocomoke Md

19. July 13, 46 R. D. Johnson
 (Date rec'd by registrar) (month - day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946 at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1944 to June 17, 46 and that I last saw him alive on June 17 1946

Immediate cause of death Coronary occlusion DURATION under

Due to Coronary occlusion

Due to —

Other conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Frank Watson MD

M. D. or other —

Address Pocomoke Md Date signed 7/16/46

RECEIVED
JUL 16 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

Reg. Dist. No.

07279

265

1. PLACE OF DEATH:

County..... Somerset
City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Baltimore City

City or town..... Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1103 E. Pratt St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

JOHN J. JENNETTA

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

9.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Myra Walston Jennetta

8.(c) If alive, give age 33 years

7. Birth date of

deceased (mo., day, yr.)

August 25, 1893

8. AGE:

Years

52

Months

11

Days

6

If less than one day

hrs.

min.

9. Birthplace

Baltimore City-Maryland

(Town, county, and state)

Chauffer

10. Usual occupation

11. Industry or business

FATHER

12. Name Savério Jennetta

13. Birthplace Italy

MOTHER

14. Maiden name Unknown

15. Birthplace Italy

16. Informant

Myra Walston Jenneta

Address

1103 E. Pratt St, Baltimore

17.

(Burial, cremation, or removal. Which?)

Date thereof August 4, 1946

(month) (day) (year)

Cemetery or crematory Holy Redeemer Cemetery

Location Baltimore County, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19.

(Date rec'd by registrar)

19

C. E. Callahan, Jr.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31

19

46 at 12:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

No. 1000, when

and that I last saw

I observed

Immediate cause of death

Acute Cardiac

Dislocation -

Duration

DURATION

Due to

Intestinal Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injury at work

23. SIGNATURE

Crisfield Md July 31-46

RECEIVED

AUG 9 1946

BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 200-2

07280

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH

County Barnes County
City or town Weston, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

S.

6. (b) Name of husband or wife

Don't know7. Birth date of deceased (mo., day, yr.) July 29th 19468. AGE: Years 1 Months 1 Days 1 It less than one day 1 hrs. 1 min.9. Birthplace Barnes Co. (Weston, Md.)
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Don't know13. Birthplace Don't know14. Maiden name Elizabeth May Gourd15. Birthplace Weston, Md.16. Informant Elizabeth May GourdAddress Princess Anne Md.17. Burial Weston Date thereof July 30, 46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory WestonLocation Weston

18. Funeral director

Address

19. July 29, 46 R. H. Johnson, M.D.
(Date rec'd by registrar) (Signature) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Princess AnneCity or town Weston
(If outside city or town limits, write RURAL and give nearest town)Street No. 1
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 19 46 at 10:00 PM21. I CERTIFY that death occurred on the date above stated: That I attended deceased from 1946 to 1946 and that I last saw him alive on 1946Immediate cause of death Don't know

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. E. Sartorius, M.D.
M. D. or otherAddress Princess Anne Md. Date signed 7/29/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 1 1946

BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

07281

Reg. Dist. No. 265

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>Rural Route #1</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Rural Rt. #1, Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>JOHN FIELDY LORD</u>				3. (b) Social Security Number			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Bertha May Nelson</u> <u>Deceased</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>Exact age unknown</u>				8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.			
9. Birthplace <u>Crisfield-Somerset-Maryland</u> (Town, county, and state)							
10. Usual occupation <u>Carpenter</u>							
11. Industry or business <u>Building</u>							
12. Name <u>Rufus W. Lord</u>		13. Birthplace <u>Crisfield, Md.</u>					
14. Maiden name <u>Mary E. Dize</u>		15. Birthplace <u>Crisfield, Md.</u>					
16. Informant <u>Raymond Lord</u>		Address <u>Crisfield, RFD #1, Md.</u>					
17. Burial (Burial, cremation, or removal. Which?) <u>Lord Family Cemetery</u> <u>RFD #1, Crisfield, Md.</u> Location..... <u>H. Harvey Bradshaw</u> Address..... <u>Crisfield, Maryland</u>		Date thereof <u>July 20, 1946</u> (month) (day) (year)					
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... <u>July 17, 46</u> Where did injury occur?..... <u>Crisfield, Md.</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... <u>Food near home</u> Means of injury..... <u>Shot in mouth with gun</u>							
23. SIGNATURE <u>W. H. Coulbourn, M.D.</u> Address..... <u>Crisfield Md.</u> Date signed..... <u>July 17, 46</u>							

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 17 19 46 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... 19.....

and that I last saw him..... 19.....

Immediate cause of death..... Gun shot wound DURATIONthrough mouthblowing awayleft side face &chewing brainright side skull

Due to.....

Other conditions.....

.....

.....

.....

.....

Major findings of operations.....

.....

.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

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RECEIVED

AUG 9 1946

BUREAU 78

RECEIVED 24/1/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07282

Reg. Dist. No. 261

1. PLACE OF DEATH: Somerset
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 Rural, Quindoqua
 How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural, Quindoqua
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME BENJAMIN SHERMAN MADDOX

3. (b) Social Security Number

4. Sex Male 5. Color or race White 8.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Golden Maddox
 6.(c) If alive, give age 53 years
 7. Birth date of deceased (mo., day, yr.) November 24, 1886
 8. AGE: Years 59 Months 7 Days 18 If less than one day
 hrs. min.

9. Birthplace Quindoqua-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Carpenter - Farmer

11. Industry or business
 12. Name Benjamin S. Maddox
 13. Birthplace Quindoqua, Maryland
 14. Maiden name Mary E. Adams
 15. Birthplace Quindoqua, Maryland
 16. Informant Golden Maddox
 Address Quindoqua, Maryland

17. Burial Date thereof July 14, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
 Location Rural, Crisfield, Md.
 H. Harvey Bradshaw
 18. Funeral director
 Address Crisfield, Md.

19. July 17, 1946 Mrs. Anna Wilson Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 12, 1946 at 3:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1946, to Jan 12, 1946, and that I last saw him alive on Jan 11, 1946.

Immediate cause of death Acute Deaf Nephritis
 DURATION

Due to Circumstances of Deceased 6 weeks

Due to

Other conditions Chronic Deaf Nephritis
 (Include pregnancy within 3 months of death)

Major findings of operations. Circumstances of Deceased
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Surgeon General
 Address. Mrs. Anna Wilson Date signed July 13, 1946
 M. D. or other

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JUL 18 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

07283

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alice P. Miller

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Harry Miller7. Birth date of deceased (mo., day, yr.) February 3, 1878
6.(c) If alive, give age 73 years8. AGE: Years 68 Months 5 Days 8 It less than one day _____ hrs. _____ min.9. Birthplace Dublin District - Somerset
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Olivia Bibbons13. Birthplace Princess Anne, Md.14. Maiden name Edeline Dryden15. Birthplace Princess Anne, Md.16. Informant Mr. William MillerAddress Princess Anne, Md.17. Burial Date thereof July 13, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Episcopal CemeteryLocation Princess Anne, Md.18. Funeral director Charles DaddellAddress Princess Anne, Md.19. July 13, 46 R. D. Phares, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1946, at 8:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Acute dilatationof heartDue to Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. D. Phares M. D. or other _____Address Princess Anne, Md. Date signed 7/12/46

RECEIVED

JUL 15 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lydia White Powell

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William Powell

7. Birth date of deceased (mo., day, yr.)

Jan. 22, 18766. (c) If alive, give age 78 years

8. AGE:

Years

Months

Days

If less than one day

70517

hrs.

min.

9. Birthplace

Near Princess Anne, Somerset
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Allison T. Pusey

13. Birthplace

Princess Anne, Md.

14. Maiden name

Elizabeth Powell

15. Birthplace

Princess Anne, Md.

16. Informant

Ralph Powell

Address

Princess Anne, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 16, 1946
(month) (day) (year)

Cemetery or crematory

Cresthaven Cemetery

Location

Princess Anne, Md.

18. Funeral director

Charles Dashiell

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

July 10, 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 8th 1946 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8 1946, to July 8 1946and that I last saw him alive on July 5 1946

Immediate cause of death

acute Heart failure

DURATION

2 hrs.

Due to

Hypertension

Due to

Other conditions

Arterial Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

John B. Whaley, M.D.

M. D. or other

Address

Princess Anne, Md.

Date signed

7/19/46

RECEIVED
JUL 11 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

07285

Reg. Dist. No. 260

1. PLACE OF DEATH: Somerset
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Md..... County Somerset
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION) no
2.(a) If veteran, name war..... no

3. (a) FULL NAME
George E. Price

3. (b) Social Security Number

4. Sex female
5. Color or race a. a.
6. (a) Single, married, widowed, or divorced married
8. (b) Name of husband or wife Jacob Price
Dead
7. Birth date of deceased (mo., day, yr.) Apr 3 1880
8. AGE: Years 66 Months 3 Days 18
if less than one day hrs. min.

9. Birthplace Chance Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Same as above

12. Name George Gayle

13. Birthplace Chance Md

14. Maiden name Hester Laws

15. Birthplace Chance Md

16. Informant Fulton Price

Address Chance Md

17. Burial Date thereof July 24 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chance

Location Chance Md

18. Funeral director James H. Stewart

Address Baltimore Md

19. Date registered July 23 1946

by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946 at 6:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1946 to July 21 1946

and that I last saw her alive on July 18 1946

Immediate cause of death

Cerebral Haemorrhage

Due to Hypertension

Other conditions General Paralysis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Signature E. G. M. Dawson

Address Princess Anne Md

Date signed 7-22-46

RECEIVED
JUL 24 1946
BUREAU V D

COPY SENT TO C. REGISTRAR DATE 7/24/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County SouthernCity or town Deal Island Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

Pansy Lucille Twigg

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Sept 26 - 1927

8. (c) If alive, give age..... years

8. AGE: Years 19 Months 9 Days..... hrs. min.9. Birthplace Deal Island Md
(Town, county, and state)10. Usual occupation Church cook

11. Industry or business

12. Name Herbie Twigg13. Birthplace Deal Island Md14. Maiden name Sadie Souver15. Birthplace Deal Island Md16. Informant Rosa WheatleyAddress Deal Island Md17. Burial (Burial, cremation, or removal (which)) Burial Date thereof July 22 - 46
(month) (day) (year)Cemetery or crematorium St John's MELocation Deal Island Md18. Funeral director H. H. H. H.Address Deal Island Md19. 7/29/ 19 46 Rosa Wheatley
(Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 19 46 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw h..... alive on.....

Immediate cause of death Internal hemorrhage & shock from bullet wound

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results Internal hemorrhage & shock Date of op. 7/19/46

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 7/19/46Where did injury occur? Deal Island Md County Southern (State)Injured at home, farm, industry, public place (where?) Public placeMeans of injury Bullet wound Injured at work? No23. SIGNATURE Henry M. Paulford M.D. M. D. or otherAddress Prince Georges Md Date signed 7/20/46

RECEIVED

AUG 1 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No.

07287
220

1. PLACE OF DEATH:

County Somerset
City or town 135 10 Dorfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
City or town 135 10 Dorfield
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Rev. Robert L. Wilson

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Susanna Wilson
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Sept. 25 1879
8. AGE: Years 67 Months 10 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Worcester Co. MD
(Town, county, and state)
10. Usual occupation M. E. Minister
11. Industry or business Church
12. Name Henry Wilson
13. Birthplace MD
14. Maiden name Emma Marshall
15. Birthplace MD

16. Informant Emmett Wilson
Address Dorfield, N. J.
17. Burial (Burial, cremation, or removal, which?) Date thereof 7/29/46
(month) (day) (year)
Cemetery or crematory Dunbar Ridge
Location Dorfield MD

18. Funeral director Edward H. Wheeler
Address 306 Main St. Dorfield MD

19. July 27 46 Date rec'd by registrar
E. E. Callahan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945 to July 26 1946 and that I last saw him alive on July 26 1946

Immediate cause of death Acute D. & heart

DURATION

Due to Tubercular lesions lungs 1 year

Due to Pulmonary tuberculosis 1 year

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Bleeding & Corp. changes
7 ulcers on lungs Date of op. _____

An autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eugene O. Callahan MD M. D. or other
Address Murphy St. MD Date signed July 27 46

SEP 2 1946